

B6A (Official Form 6A) (12/07)

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE A - REAL PROPERTY**

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
Homestead - Land 11747 Bois D'Arc Ponder, Texas 76259	Deed of Trust	C	\$61,463.00	\$23,993.93
<b>Total:</b>			<b>\$61,463.00</b>	

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.	<b>X</b>			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Meta Bank NetSpend Debit Account XXX-2005	C	\$97.00
		Meta Bank NetSpend Savings Account XXX-2005	C	\$1.15
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video and computer equipment.		TV (1) Couches (1) Love Seat (1) Coffee Table (1) End Tables (1) Living Room Lamps (1) Rug (1) Living Room Mirror (1) Dining Table   Chairs (1) Kitchen Table   Chairs (1) Refrigerator (2) Dishwasher (1) Stove (1) Washer (1) Dryer (1) Dishes (2 Sets) Pots and Pans (1 Set) Knives and Cutlery (1) Kitchen Appliances (1) Bedroom TVs (3) Beds (2) Dressers (3) Night Stands (2) Mirrors (3) Laptop Computer (1)	C	\$1,060.00

B6B (Official Form 6B) (12/07) -- Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
		Stereo (1) Filing Cabinets (1) Desk Chairs (1) Tools (32) Lawn Mower (1) Grill (1)		
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.		Normal Books (15) Wall Art (20) Clocks (3)	C	\$62.00
6. Wearing apparel.		Clothes, Shoes, Accessories	C	\$450.00
7. Furs and jewelry.		Jewelry (3)	C	\$20.00
8. Firearms and sports, photographic, and other hobby equipment.		9mm (1)	C	\$200.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 2

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.		Denton Home Services Debtor Owns this business Cleaning Services	C	\$0.00
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			

B6B (Official Form 6B) (12/07) -- Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 3*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2002 Honda Civic Mileage: 180,000 Some interior deterioration.	C	\$3,500.00
		1989 Chevy Berretta Co-signed for mother, but car is in mother's name	C	\$0.00
		Mobile Home 117 Boi D'Arc Lane Ponder, TX 76259	C	\$26,857.00

B6B (Official Form 6B) (12/07) -- Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 4*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.		Vacuum Cleaner Used in Business Supplies Used in Business	C	\$120.00
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)</span> <div> <div style="text-align: center;">4</div> <div>continuation sheets attached</div> </div> <div> <div><b>Total &gt;</b></div> <div><b>\$32,367.15</b></div> </div> </div>				

B6C (Official Form 6C) (4/13)

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)☐ Check if debtor claims a homestead exemption that exceeds  
\$155,675.\*

- ☒ 11 U.S.C. § 522(b)(2)  
☐ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Homestead - Land 11747 Bois D'Arc Ponder, Texas 76259	11 U.S.C. § 522(d)(1)	\$37,469.07	\$61,463.00
Meta Bank NetSpend Debit Account XXX-2005	11 U.S.C. § 522(d)(5)	\$97.00	\$97.00
Meta Bank NetSpend Savings Account XXX-2005	11 U.S.C. § 522(d)(5)	\$1.15	\$1.15
TV (1) Couches (1) Love Seat (1) Coffee Table (1) End Tables (1) Living Room Lamps (1) Rug (1) Living Room Mirror (1) Dining Table   Chairs (1) Kitchen Table   Chairs (1) Refrigerator (2) Dishwasher (1) Stove (1) Washer (1) Dryer (1) Dishes (2 Sets) Pots and Pans (1 Set) Knives and Cutlery (1) Kitchen Appliances (1) Bedroom TVs (3)	11 U.S.C. § 522(d)(3)	\$1,060.00	\$1,060.00
* Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.		<b>\$38,627.22</b>	<b>\$62,621.15</b>

B6C (Official Form 6C) (4/13) -- Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT***Continuation Sheet No. 1*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Beds (2) Dressers (3) Night Stands (2) Mirrors (3) Laptop Computer (1) Stereo (1) Filing Cabinets (1) Desk Chairs (1) Tools (32) Lawn Mower (1) Grill (1)			
Normal Books (15) Wall Art (20) Clocks (3)	11 U.S.C. § 522(d)(3)	\$62.00	\$62.00
Clothes, Shoes, Accessories	11 U.S.C. § 522(d)(3)	\$450.00	\$450.00
Jewelry (3)	11 U.S.C. § 522(d)(4)	\$20.00	\$20.00
9mm (1)	11 U.S.C. § 522(d)(5)	\$200.00	\$200.00
2002 Honda Civic Mileage: 180,000  Some interior deterioration.	11 U.S.C. § 522(d)(2)	\$3,500.00	\$3,500.00
1989 Chevy Berretta  Co-signed for mother, but car is in mother's name	11 U.S.C. § 522(d)(2)	\$0.00	\$0.00
Mobile Home  117 Boi D'Arc Lane Ponder, TX 76259	11 U.S.C. § 522(d)(5)	\$0.00	\$26,857.00
		<b>\$42,859.22</b>	<b>\$93,710.15</b>



B6C (Official Form 6C) (4/13) -- Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT***Continuation Sheet No. 2*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Vacuum Cleaner Used in Business	11 U.S.C. § 522(d)(6)	\$120.00	\$120.00
Supplies Used in Business			
	</		

B6D (Official Form 6D) (12/07)

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #:	C		DATE INCURRED: <b>Various</b> NATURE OF LIEN: <b>Taxes - Arrears</b> COLLATERAL: <b>Homestead - Land</b> REMARKS: <b>2012, 2013, and 2014 Property Taxes</b>				<b>\$3,400.00</b>	
Denton County Tax Assessor 6301 Main Street #104 The Colony, TX 75056			VALUE: <b>\$61,463.00</b>					
ACCT #: <b>xxxx7582</b>			DATE INCURRED: <b>05/28/1996</b> NATURE OF LIEN: <b>Purchase Money</b> COLLATERAL: <b>Homestead - Mobile Home</b> REMARKS:					
Green Tree Servicing L Po Box 6172 Rapid City, SD 57709	VALUE: <b>\$26,857.00</b>							
ACCT #:	C		DATE INCURRED: <b>6/15/2005</b> NATURE OF LIEN: <b>Property Taxes</b> COLLATERAL: <b>Homestead - Land</b> REMARKS: <b>In the plan</b>				<b>\$20,593.93</b>	
Ovation Services 8407 Bandera Rd., Suite 141 San Antonio, TX 78250			VALUE: <b>\$61,463.00</b>					
ACCT #: <b>15</b>			-					
Texans Credit Union AttnL E-branch P.O. Box 853912 Richardson, TX 75085-3912	VALUE: <b>\$438.00</b>							
Subtotal (Total of this Page) >							<b>\$63,869.93</b>	<b>\$12,581.00</b>
Total (Use only on last page) >							<b>\$63,869.93</b>	<b>\$12,581.00</b>

No continuation sheets attached

(Report also on  
Summary of  
Schedules.)(If applicable,  
report also on  
Statistical  
Summary of  
Certain Liabilities  
and Related  
Data.)

B6E (Official Form 6E) (04/13)

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☒ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

*\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*1 continuation sheets attached

B6E (Official Form 6E) (04/13) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Administrative allowances
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: <b>Herrin &amp; Wright, PLLC</b> <b>4925 Greenville Avenue, 2nd Floor</b> <b>Dallas, TX 75206</b>	<b>C</b>	DATE INCURRED: <b>01/27/2015</b> CONSIDERATION: <b>Attorney Fees</b> REMARKS: <b>In the plan</b>			<b>\$3,098.00</b>	<b>\$3,098.00</b>	<b>\$0.00</b>
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims					<b>\$3,098.00</b>	<b>\$3,098.00</b>	<b>\$0.00</b>
<b>Subtotals (Totals of this page) &gt;</b>  <b>Total &gt;</b> (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)					<b>\$3,098.00</b>		
<b>Totals &gt;</b> (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)						<b>\$3,098.00</b>	<b>\$0.00</b>

B6F (Official Form 6F) (12/07)

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxx9716</b> <b>Aaron Sales &amp; Lease Ow</b> <b>1015 Cobb Place Blvd Nw</b> <b>Kennesaw, GA 30144</b>	<b>C</b>	DATE INCURRED: <b>08/2004</b> CONSIDERATION: <b>Lease</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>xxx8116</b> <b>ACT</b> <b>21700 OXNARD STREET</b> <b>SUITE 1400</b> <b>WOODLAND HILLS, CA 91367</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$21,991.86</b>
ACCT #: <b>ACT</b> <b>21700 OXNARD STREET</b> <b>SUITE 1400</b> <b>WOODLAND HILLS, CA 91367</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$22,075.88</b>
ACCT #: <b>3562</b> <b>AIG</b> <b>70 PINE STREET, 34TH ST</b> <b>NEW YORK, NY 10270</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$103.34</b>
ACCT #: <b>ALLIED INTERSTATE</b> <b>3000 CORPORATE EXCHANGE DRIVE</b> <b>COLOMBUS, OH 43231</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>xxxxxxxxx5A22</b> <b>AMCA</b> <b>PO BOX 1235</b> <b>ELMSFORD, NY 10523-0935</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Collecting for -LABORATORY CORP OF AMERICA</b> REMARKS:				<b>\$147.00</b>
<b>Subtotal &gt;</b>						<b>\$44,318.08</b>
<b>Total &gt;</b>						

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>AMERICREDIT</b> <b>PO BOX 78143</b> <b>PHOENIX, AZ 85062</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$25,241.60</b>
ACCT #: <b>xxxxxxxxxxx3024</b> <b>Aspire</b> <b>Pob 105555</b> <b>Atlanta, GA 30348</b>	<b>C</b>	DATE INCURRED: <b>12/14/2005</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$1,655.00</b>
ACCT #: <b>3024</b> <b>ASPIRE</b> <b>PO BOX 60148</b> <b>CITY OF INDUSTRY CA 91716</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$1,278.11</b>
ACCT #: <b>AT&amp;T Moblity II LLC</b> <b>One AT&amp;T Way, Room 3a104</b> <b>Bedminster, NJ 07921</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Utilities</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>xxxxxxxx1954</b> <b>BAY AREA CREDIT SERVICE LLC</b> <b>PO BOX 467600</b> <b>ATLANTA GA 31146</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Collecting for - AT&amp;T MOBILITY</b> REMARKS:				<b>\$1,568.47</b>
ACCT #: <b>9515</b> <b>BEST BUY</b> <b>PO BOX 60148</b> <b>CITY OF INDUSTRY, CA 91716</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$437.93</b>
Sheet no. <u>1</u> of <u>22</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b>
						<b>\$30,181.11</b>
						<b>Total &gt;</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xx7001</b> <b>C-1 CAPITAL MARKETS LP</b> <b>PO BOX 1061</b> <b>DECAFUR, TX 76234</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>LOAN</b> REMARKS:				<b>\$9,462.62</b>
ACCT #: <b>2002</b> <b>C.I CAPITAL MARKETS</b> <b>PO BOX 1061</b> <b>DECATUR, TX 76234</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$11,296.23</b>
ACCT #: <b>5607</b> <b>CAPITAL ONE</b> <b>PO BOX 60599</b> <b>CITY OF INDUSTRY CA 91716</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$967.37</b>
ACCT #: <b>xxxxxxxxxxxx5379</b> <b>Capital One, N.a.</b> <b>Capital One Bank (USA) N.A.</b> <b>PO Box 30285</b> <b>Salt Lake City, UT 84130</b>	<b>C</b>	DATE INCURRED: <b>09/2001</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$1,440.00</b>
ACCT #: <b>xxxxxxxxxxxx6974</b> <b>Capital One, N.a.</b> <b>Capital One Bank (USA) N.A.</b> <b>PO Box 30285</b> <b>Salt Lake City, UT 84130</b>	<b>C</b>	DATE INCURRED: <b>09/2001</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$1,379.00</b>
ACCT #: <b>xxxxxxxxxxxx8966</b> <b>Capital One, N.a.</b> <b>Capital One Bank (USA) N.A.</b> <b>PO Box 30285</b> <b>Salt Lake City, UT 84130</b>	<b>C</b>	DATE INCURRED: <b>03/2002</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$1,322.00</b>
Sheet no. <b>2</b> of <b>22</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b>
						<b>\$25,867.22</b>
						<b>Total &gt;</b>
						(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxx4409 Capital One, N.a. Capital One Bank (USA) N.A. PO Box 30285 Salt Lake City, UT 84130	C	DATE INCURRED: 09/2001 CONSIDERATION: Credit Card REMARKS:				\$1,245.00
ACCT #: xxxxxxxxxxxx5607 Capital One, N.a. Capital One Bank (USA) N.A. PO Box 30285 Salt Lake City, UT 84130	C	DATE INCURRED: 07/2001 CONSIDERATION: Credit Card REMARKS:				\$1,241.00
ACCT #: xxxxxxxxxxxx4401 Capital One, N.a. Capital One Bank (USA) N.A. PO Box 30285 Salt Lake City, UT 84130	C	DATE INCURRED: 04/2002 CONSIDERATION: Credit Card REMARKS:				\$1,121.00
ACCT #: xxxxxxxx5887 Capital One, N.a. Capital One Bank (USA) N.A. PO Box 30285 Salt Lake City, UT 84130	C	DATE INCURRED: 03/2003 CONSIDERATION: Credit Card REMARKS:				Notice Only
ACCT #: xxxxxxxx9424 Capital One, N.a. Capital One Bank (USA) N.A. PO Box 30285 Salt Lake City, UT 84130	C	DATE INCURRED: 03/2003 CONSIDERATION: Credit Card REMARKS:				Notice Only
ACCT #: Capital One, N.a. Capital One Bank (USA) N.A. PO Box 30285 Salt Lake City, UT 84130	C	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$733.21

Sheet no. 3 of 22 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal &gt;

\$4,340.21

Total &gt;

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)



B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #:		DATE INCURRED:				
<b>Capital One, N.a.</b> <b>Capital One Bank (USA) N.A.</b> <b>PO Box 30285</b> <b>Salt Lake City, UT 84130</b>	<b>C</b>	CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$693.72</b>
ACCT #: <b>xxxxxx4793</b>		DATE INCURRED: <b>08/2014</b>				
<b>Cbe Group</b> <b>1309 Technology Pkwy</b> <b>Cedar Falls, IA 50613</b>	<b>C</b>	CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$745.00</b>
ACCT #: <b>xxxxx2758</b>		DATE INCURRED:				
<b>CHASE</b> <b>PO BOX 260181</b> <b>BATON ROUGE, LA 70826</b>	<b>C</b>	CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$1,188.81</b>
ACCT #: <b>xxxxx5131</b>		DATE INCURRED:				
<b>CHASE</b> <b>PO BOX 260181</b> <b>BATON ROUGE, LA 70826</b>	<b>C</b>	CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$212.40</b>
ACCT #: <b>2798</b>		DATE INCURRED:				
<b>CINGULAR WIRELESS</b> <b>PO BOX 650553</b> <b>DALLAS, TX 75265-0553</b>	<b>C</b>	CONSIDERATION: <b>Utilities</b> REMARKS:				<b>\$2,023.16</b>
ACCT #: <b>6020</b>		DATE INCURRED:				
<b>CITI</b> <b>PO BOX 6615</b> <b>THE LAKES, NV 88901-6615</b>	<b>C</b>	CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$3,590.39</b>
Sheet no. <b>4</b> of <b>22</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b>
						<b>\$8,453.48</b>
						<b>Total &gt;</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxxxxxx6637 <b>Cmre Financial Services Inc</b> <b>3075 E Imperial Hwy Ste 200</b> <b>Brea, CA 92821</b>	C	DATE INCURRED: <b>09/2010</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$880.00</b>
ACCT #: xxxxxxxxxxxxxxxx0360 <b>Cmre Financial Services Inc</b> <b>3075 E Imperial Hwy Ste 200</b> <b>Brea, CA 92821</b>	C	DATE INCURRED: <b>04/2012</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$880.00</b>
ACCT #: xxxxxx6090 <b>COMPASS</b> <b>PO BOX 10566</b> <b>BIRMINGHAM, AL 35296</b>	C	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$1,562.31</b>
ACCT #: <b>COMPASS BANK</b> <b>PO BOX 10566</b> <b>BIRMINGHAM, AL 35296</b>	C	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$1,562.31</b>
ACCT #: xxxxxxx4300 <b>COMPUTER CREDIT INC.</b> <b>640 WEST FOURTH STREET</b> <b>PO BOX 5238</b> <b>WINSTON-SALEM, NC</b> <b>27113-5238</b>	C	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$95.04</b>
ACCT #: <b>CORPORATE RECEIVABLES</b> <b>PO BOX 32995</b> <b>PHOENIX, AX 85064</b>	C	DATE INCURRED: CONSIDERATION: <b>Collecting for -HSBC BANK</b> REMARKS:				<b>\$0.00</b>

Sheet no. 5 of 22 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal &gt;

**\$4,979.66**

Total &gt;

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>COVINGTON CREDIT</b> <b>316 E OAK</b> <b>DENTON, TX 76201</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$899.84</b>
ACCT #: <b>x6259</b> <b>CREDIT COLLECTION SERVICES</b> <b>TWO WELLS AVENUE</b> <b>NEWTON, MA 02459</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Collecting for -</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>xxxx8601</b> <b>Credit Collections Svc</b> <b>PO Box 773</b> <b>Needham, MA 02494</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Unknown Loan Type</b> REMARKS:				<b>\$111.00</b>
ACCT #: <b>xxxx9880</b> <b>Credit Management Lp</b> <b>4200 International Pkwy</b> <b>Carrollton, TX 75007</b>	<b>C</b>	DATE INCURRED: <b>03/2014</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$190.00</b>
ACCT #: <b>xxxxxx0008</b> <b>CREDIT SYSTEMS INTERNATIONAL INC.</b> <b>PO BOX 1088</b> <b>ARLINGTON TX 76004-1088</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$142.01</b>
ACCT #: <b>2DEN</b> <b>DENTON COUNTY</b> <b>PO BOX 90223</b> <b>DENTON, TX 76202</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$1,682.88</b>
Sheet no. <b>6</b> of <b>22</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$3,025.73</b>
<b>Total &gt;</b> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxx6005 DENTON RADIOLOGY PO BOX 84 LANDISVILLE PA 175380084	C	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				\$235.00
ACCT #: xxxxxxxxxx6007 DENTON RADIOLOGY PO BOX 84 LANDISVILLE PA 175380084	C	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				\$21.69
ACCT #: 8664 DENTON REGIONAL PO BOX 740782 CINCINNATI, OH 45274	C	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				\$650.75
ACCT #: 8049 DENTON REGIONAL PO BOX 740782 CINCINNATI, OH 45274	C	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				\$39.79
ACCT #: 8281 DENTON REGIONAL PO BOX 740782 CINCINNATI, OH 45274	C	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				\$48.75
ACCT #: 2325 DENTON REGIONAL PO BOX 740782 CINCINNATI, OH 45274	C	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				\$834.00
Sheet no. <u>7</u> of <u>22</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal >
						\$1,829.98
						Total >
						(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>2409</b> <b>DENTON REGIONAL</b> <b>PO BOX 740782</b> <b>CINCINNATI, OH 45274</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$423.00</b>
ACCT #: <b>4276</b> <b>DENTON REGIONAL</b> <b>PO BOX 740782</b> <b>CINCINNATI, OH 45274</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$509.82</b>
ACCT #: <b>xxxxx9536</b> <b>DENTON REGIONAL URGENT CARE CENTER</b> <b>PO BOX 742313</b> <b>ATLANTA, GA 30374-2313</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$31.76</b>
ACCT #: <b>DirecTV</b> <b>PO Box 78626</b> <b>Phoenix, AZ 85062</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Utilities</b> REMARKS:				<b>\$745.43</b>
ACCT #: <b>xx4085</b> <b>Diversified Credit Sys</b> <b>Attention: Bankruptcy Department</b> <b>PO Box 3424</b> <b>Longview, TX 75606</b>	<b>C</b>	DATE INCURRED: <b>06/2012</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$396.00</b>
ACCT #: <b>EMBARA</b> <b>PO BOX 660068</b> <b>DALLAS, TX 75266-0068</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$436.22</b>
Sheet no. <b>8</b> of <b>22</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$2,542.23</b>
<b>Total &gt;</b> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxx1388</b> <b>ENHANCED RECOVERY COMPANY LLC</b> <b>PO BOX 23870</b> <b>JACKSONVILLE, FL 322410-3870</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Collecting for -VERIZON</b> REMARKS:				<b>\$3,185.84</b>
ACCT #: <b>xxxxx5146</b> <b>EXEDE INTERNET</b> <b>349 INVERNESS DRIVE</b> <b>SOUTH ENGLEWOOD, CO 80112</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Utilities</b> REMARKS:				<b>\$568.55</b>
ACCT #: <b>FINANCIAL ASSET MAMANGEMENT</b> <b>PO BOX 451409</b> <b>ATLANTA, GA 31145-9409</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>FINGERHUT</b> <b>6250 RIDGEWOOD ROAD</b> <b>ST. CLOUD, MN 56303</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$569.41</b>
ACCT #: <b>First Convenience Bank</b> <b>500 W. University Dr.</b> <b>Denton, TX 76201</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Bank Account</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>xxxxx5948</b> <b>First National Bank Texas</b> <b>Attn: Bankruptcy</b> <b>PO Box 937</b> <b>Killeen, Texas 76540-0937</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Bank Account</b> REMARKS:				<b>\$0.00</b>
Sheet no. <b>9</b> of <b>22</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b>
						<b>\$4,323.80</b>
						<b>Total &gt;</b>
						(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>FMS INVESTMENT CORP</b> <b>NEED ADDRESS</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$21,206.52</b>
ACCT #: <b>xxxx2988</b> <b>Ford Motor Credit Corporation</b> <b>Ford Motor Credit</b> <b>PO Box 6275</b> <b>Dearborn, MI 48121</b>	<b>C</b>	DATE INCURRED: <b>10/2003</b> CONSIDERATION: <b>Automobile</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>4655</b> <b>GE MONEY BANK</b> <b>PO BOX 960010</b> <b>ORLANDO, FL 32896</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$694.00</b>
ACCT #: <b>GE MONEY BANK</b> <b>PO BOX 960010</b> <b>ORLANDO, FL 32896</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$1,210.00</b>
ACCT #: <b>xxxxxxxxxxxx4169</b> <b>GEICOR/Care Credit</b> <b>Attn: Bankruptcy</b> <b>PO Box 103104</b> <b>Roswell, GA 30076</b>	<b>C</b>	DATE INCURRED: <b>08/31/2007</b> CONSIDERATION: <b>Charge Account</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>2630</b> <b>GINNYS</b> <b>1112 7TH AVE</b> <b>MONROE, WI 54566-1364</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$221.26</b>
Sheet no. <b>10</b> of <b>22</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$23,331.78</b>
<b>Total &gt;</b> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxx6754</b> <b>Gm Financial</b> <b>Po Box 181145</b> <b>Arlington, TX 76096</b>	<b>C</b>	DATE INCURRED: <b>08/2007</b> CONSIDERATION: <b>Automobile</b> REMARKS:				<b>\$19,038.00</b>
ACCT #: <b>xxxxxxxx4490</b> <b>Gold Star</b> <b>Attn: Bankruptcy</b> <b>612 W Main St</b> <b>Dennison, TX 75020</b>	<b>C</b>	DATE INCURRED: <b>12/23/2006</b> CONSIDERATION: <b>Secured</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>9254</b> <b>GOLDSTAR</b> <b>911 SUNSET</b> <b>DENTON, TEXAS 76201</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$690.00</b>
ACCT #: <b>xxxxxxxx2266</b> <b>Grnpt Crd</b> <b>Po Box 969085</b> <b>San Diego, CA 92196</b>	<b>C</b>	DATE INCURRED: <b>05/1996</b> CONSIDERATION: <b>Mobile Home</b> REMARKS:				<b>Notice Only</b>
ACCT #: <b>xxxxxxxxxxxx6663</b> <b>Horizon Card</b> <b>1707 Warren Rd</b> <b>Indiana, PA 15701</b>	<b>C</b>	DATE INCURRED: <b>08/16/2013</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>HSBC</b> <b>PO BOX 60102</b> <b>CITY OF INDUSTRY, CA 91716</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$278.29</b>

Sheet no. 11 of 22 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal &gt;

**\$20,006.29**

Total &gt;

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)



B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #:		DATE INCURRED:				
<b>HSBC</b> <b>PO BOX 60102</b> <b>CITY OF INDUSTRY, CA 91716</b>	<b>C</b>	CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$1,080.96</b>
ACCT #:		DATE INCURRED:				
<b>HSBC</b> <b>PO BOX 60102</b> <b>CITY OF INDUSTRY, CA 91716</b>	<b>C</b>	CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$637.78</b>
ACCT #: xxxxxxxxxxxx5515		DATE INCURRED: <b>09/18/2001</b>				
<b>Hsbc Bank</b> <b>Po Box 5253</b> <b>Carol Stream, IL 60197</b>	<b>C</b>	CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$0.00</b>
ACCT #: xxxxxxxxxxxx2905		DATE INCURRED: <b>09/17/2006</b>				
<b>Hsbc/bstby</b> <b>95 Washington Street</b> <b>Buffalo, NY 14203</b>	<b>C</b>	CONSIDERATION: <b>Charge Account</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>3503</b>		DATE INCURRED:				
<b>IESI</b> <b>PO BOX 650470</b> <b>DALLAS, TX 75265</b>	<b>C</b>	CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$369.05</b>
ACCT #: <b>4977</b>		DATE INCURRED:				
<b>IMAGIN CONSULT OF DENTON</b> <b>PO BOX 118288</b> <b>CARROLTON, TX 75011-8288</b>	<b>C</b>	CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$30.00</b>
Sheet no. <u>12</u> of <u>22</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b>
						<b>\$2,117.79</b>
						<b>Total &gt;</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxx5000 <b>JAVED M AKRAM MD</b> <b>209 N BONNIE BRAE #303</b> <b>DENTON, TX 762013749</b>	C	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$215.00</b>
ACCT #: x1920 <b>Jewelry By Justice J17</b> <b>Po Box 3970</b> <b>Dallas, TX 75208</b>	C	DATE INCURRED: <b>12/2004</b> CONSIDERATION: <b>Installment Loan</b> REMARKS:				<b>\$0.00</b>
ACCT #: 1656 <b>JUSTICE FINANCE</b> <b>818 E OAK STREET</b> <b>DENTON, TEXAS 76201</b>	C	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$1,119.96</b>
ACCT #: xxx9139 <b>Lamont Hanley &amp; Associ</b> <b>1138 Elm St</b> <b>Manchester, NH 03101</b>	C	DATE INCURRED: <b>02/2010</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$55.00</b>
ACCT #: xxxxxxxxxxxxxx1001 <b>Long Beach Acceptance/Americredit</b> <b>Americredit</b> <b>PO Box 183853</b> <b>Arlington, TX 76096</b>	C	DATE INCURRED: <b>08/2007</b> CONSIDERATION: <b>Automobile</b> REMARKS:				<b>Notice Only</b>
ACCT #: 2920 <b>LOWES OF GE MONEY BANK</b> <b>PO BOX 530914</b> <b>ATLANTA, GA 30354</b>	C	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$2,115.00</b>
Sheet no. <u>13</u> of <u>22</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$3,504.96</b>
<b>Total &gt;</b> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>McCreary Veselka Bragg &amp; Allen P.C</b> <b>PO BOX 1277</b> <b>Denton, TX 76202</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Notice Only</b> REMARKS:				<b>Notice Only</b>
ACCT #: <b>xxx3602</b> <b>Med Business Bureau</b> <b>PO Box 1219</b> <b>Park Ridge, IL 60068</b>	<b>C</b>	DATE INCURRED: <b>08/2010</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$467.00</b>
ACCT #: <b>xxxx6004</b> <b>Med Business Bureau</b> <b>PO Box 1219</b> <b>Park Ridge, IL 60068</b>	<b>C</b>	DATE INCURRED: <b>03/2012</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$382.00</b>
ACCT #: <b>xxx3601</b> <b>Med Business Bureau</b> <b>PO Box 1219</b> <b>Park Ridge, IL 60068</b>	<b>C</b>	DATE INCURRED: <b>08/2010</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$369.00</b>
ACCT #: <b>xxxx6005</b> <b>Med Business Bureau</b> <b>PO Box 1219</b> <b>Park Ridge, IL 60068</b>	<b>C</b>	DATE INCURRED: <b>05/2013</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$235.00</b>
ACCT #: <b>xxx3603</b> <b>Med Business Bureau</b> <b>PO Box 1219</b> <b>Park Ridge, IL 60068</b>	<b>C</b>	DATE INCURRED: <b>09/2010</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$110.00</b>
Sheet no. <b>14</b> of <b>22</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b>
						<b>\$1,563.00</b>
						<b>Total &gt;</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxx3118</b> <b>Medical Data Systems I</b> <b>2150 15th Ave</b> <b>Vero Beach, FL 32960</b>	<b>C</b>	DATE INCURRED: <b>03/2011</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$23,224.00</b>
ACCT #: <b>xxxxxx2331</b> <b>Medical Data Systems I</b> <b>2150 15th Ave</b> <b>Vero Beach, FL 32960</b>	<b>C</b>	DATE INCURRED: <b>02/2011</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$16,839.00</b>
ACCT #: <b>9793</b> <b>MERRICK BANK</b> <b>PO BOX 5721</b> <b>HICKSVILLE, NY 11802-5721</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$2,264.12</b>
ACCT #: <b>xxxxxxxxxxxx9793</b> <b>Merrick Bk</b> <b>Attn: Bankruptcy</b> <b>P.O. Box 9201</b> <b>Old Bethpage, NY 11804</b>	<b>C</b>	DATE INCURRED: <b>12/2007</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$2,359.00</b>
ACCT #: <b>NCO</b> <b>PO BOX 61247</b> <b>VIRGINIA BEACH, VA 23462</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>NCO FINANCIAL SYSTEMS</b> <b>2360 CAMPBELL CREEK, STE 500</b> <b>RICHARDSON, TX 75082</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$0.00</b>

Sheet no. 15 of 22 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal &gt;

**\$44,686.12**

Total &gt;

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>5732</b> <b>NORTEN</b> <b>405 E. ELNA STREET</b> <b>DENTON, TEXAS 76201</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$690.00</b>
ACCT #: <b>xxxxxx0008</b> <b>NORTH TEXAS MEDICAL-SURGICAL CLINIC,</b> <b>NEED ADDRESS</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$102.43</b>
ACCT #: <b>xxxxxx9417</b> <b>NORTH TEXAS TRIANGLE GASTROENTEROL</b> <b>PO BOX 1893</b> <b>DENTON, TX 76202</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$771.85</b>
ACCT #: <b>xxxxxx-x1617</b> <b>PARAMOUNT CARDIOVASCULAR ASSOCIATI</b> <b>2601 SCRIPTURE SUITE 101</b> <b>DENTON TX 76201-3727</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$450.00</b>
ACCT #: <b>xxxxxxx1617</b> <b>PARAMOUNT CARDIOVASCULAR ASSOCIATI</b> <b>2601 SCRIPTURE SUITE 101</b> <b>DENTON, TX 76201-3727</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$450.00</b>
ACCT #: <b>PARAMOUNT RECOVERY SYSTEM</b> <b>PO BOX 788</b> <b>LORENA, TX 76655-0788</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$0.00</b>
Sheet no. <b>16</b> of <b>22</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$2,464.28</b>
<b>Total &gt;</b> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxx0349</b> <b>POINT BANK</b> <b>PO BOX 278</b> <b>PILOT POINT, TX 76258</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$1,274.42</b>
ACCT #: <b>xxxxxxxxxxxx5515</b> <b>Portfolio Recovery</b> <b>Attn: Bankruptcy</b> <b>PO Box 41067</b> <b>Norfolk, VA 23541</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Unknown Loan Type</b> REMARKS:				<b>\$1,134.00</b>
ACCT #: <b>xxxxxxxxxxxx1644</b> <b>Portfolio Recovery</b> <b>Attn: Bankruptcy</b> <b>PO Box 41067</b> <b>Norfolk, VA 23541</b>	<b>C</b>	DATE INCURRED: <b>07/2009</b> CONSIDERATION: <b>Factoring Company Account</b> REMARKS:				<b>\$630.00</b>
ACCT #: <b>xxxxxxxxxxxx9118</b> <b>PORTFOLIO RECOVERY ASSOCIATES LLC</b> <b>PO BOX 12903</b> <b>NORFOLK, VA 23541</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>PORTFOLIO RECOVERY ASSOCIATES LLC</b> <b>PO BOX 12903</b> <b>NORFOLK, VA 23541</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$11,426.96</b>
ACCT #: <b>6133</b> <b>QUESTCARE ER DENTON</b> <b>12221 MERIT DRIVE, STE 1610</b> <b>DALLAS, TX 75251</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$990.00</b>
Sheet no. <u>17</u> of <u>22</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b>
						<b>\$15,455.38</b>
						<b>Total &gt;</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xx3891</b> <b>RAUL ORTEGA MD</b> <b>2900 N I-35 SUITE 101</b> <b>DENTON, TX 76201-5142</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$67.02</b>
ACCT #: <b>RJM ACQUISITIONS LLC</b> <b>575 UNDERHILL BLVD SUITE 224</b> <b>SYOSSET, NY 11791</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>2061</b> <b>SALLIE MAE</b> <b>PO BOX 9500</b> <b>WILKES BARRE, PA 76259-5129</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$12,323.80</b>
ACCT #: <b>Securus Correctional Billing Services</b> <b>PO Box 1109</b> <b>Addison, TX 75001</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$190.00</b>
ACCT #: <b>xxxxxxxxx284A</b> <b>Seventh Ave</b> <b>1112 7th Ave</b> <b>Monroe, WI 53566</b>	<b>C</b>	DATE INCURRED: <b>11/30/1997</b> CONSIDERATION: <b>Charge Account</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>xxxxxxxxx263O</b> <b>Seventh Avenue</b> <b>1112 7th Ave</b> <b>Monroe, WI 53566</b>	<b>C</b>	DATE INCURRED: <b>11/29/2007</b> CONSIDERATION: <b>Charge Account</b> REMARKS:				<b>\$0.00</b>
Sheet no. <u>18</u> of <u>22</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b>
						<b>\$12,580.82</b>
						<b>Total &gt;</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #:		DATE INCURRED:				
<b>Sherer &amp; Crow, PLLC</b> <b>11120 Wurzbach Road, Suite 300</b> <b>San Antonio, Texas 78230</b>	<b>C</b>	CONSIDERATION: <b>Notice Only</b> REMARKS:				<b>Notice Only</b>
ACCT #: <b>x1764</b>		DATE INCURRED:				
<b>STAR NEPHROLOGY PLLC</b> <b>PO BOX 93734</b> <b>SOUTHLAKE, TX 76092-0116</b>	<b>C</b>	CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$269.01</b>
ACCT #: <b>2508</b>		DATE INCURRED:				
<b>STATE FARM</b> <b>PO BOX 2329</b> <b>BLOOMINGTON, IL 61702</b>	<b>C</b>	CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$654.77</b>
ACCT #: <b>284A</b>		DATE INCURRED:				
<b>SWISS COLONY</b> <b>1112 7TH AVE</b> <b>MONROW, WI 53566-1364</b>	<b>C</b>	CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$135.81</b>
ACCT #: <b>xxxxxxx5284</b>		DATE INCURRED: <b>04/1998</b>				
<b>Syncb/m Wards</b> <b>Po Box 965005</b> <b>Orlando, FL 32896</b>	<b>C</b>	CONSIDERATION: <b>Charge Account</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>xxxxxxx4300</b>		DATE INCURRED:				
<b>TEXAS HEALTH</b> <b>PRESBYTERIAN HOSPITAL DENTON</b> <b>PO BOX 731467</b> <b>DALLAS, TX 75373-1467</b>	<b>C</b>	CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$95.04</b>
Sheet no. <u>19</u> of <u>22</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b>
						<b>\$1,154.63</b>
						<b>Total &gt;</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						



B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxxxxx-3-201</b> <b>TEXAS HEALTH PHYSICIAN GROUP</b> <b>PO BOX 650058</b> <b>DALLAS, TX 75265-0058</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$1,221.00</b>
ACCT #: <b>xxxxxx5995</b> <b>TEXAS HEALTH PRESBYTERIAN DENTON</b> <b>PO BOX 731466</b> <b>DALLAS, TX 75373-1466</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$929.91</b>
ACCT #: <b>xxxxxx7259</b> <b>TEXAS HEALTH RESOURCES</b> <b>PO BOX 731466</b> <b>DALLAS, TX 75373-1466</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$184.35</b>
ACCT #: <b>xxxxxx1433</b> <b>TEXAS HEALTH RESOURCES</b> <b>PO BOX 731466</b> <b>DALLAS, TX 75373-1466</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$23.05</b>
ACCT #: <b>xxxxxx6731</b> <b>TEXAS MEDICINE ROSURCES</b> <b>PO BOX 8549</b> <b>FORT WORTH, TX 76124-0549</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$998.00</b>
ACCT #: <b>TOM D. JESTER JR.</b> <b>515 SOUTH CARROLL BLVD</b> <b>SUITE A</b> <b>DENTON, TEXAS 76202</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$0.00</b>
Sheet no. <b>20</b> of <b>22</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$3,356.31</b>
<b>Total &gt;</b> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>TRS RECOVERY SERVICES</b> <b>5251 WESTHEIMER</b> <b>HOUSTON, TEXAS 77056</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>xxx6203</b> <b>United Revenue Corp</b> <b>Attention: Office Manager</b> <b>204 Billings St. Suite 120</b> <b>Arlington, TX 76010</b>	<b>C</b>	DATE INCURRED: <b>10/2010</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$998.00</b>
ACCT #: <b>xxx3850</b> <b>United Revenue Corp</b> <b>Attention: Office Manager</b> <b>204 Billings St. Suite 120</b> <b>Arlington, TX 76010</b>	<b>C</b>	DATE INCURRED: <b>04/2013</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$998.00</b>
ACCT #: <b>xxx1093</b> <b>United Revenue Corp</b> <b>Attention: Office Manager</b> <b>204 Billings St. Suite 120</b> <b>Arlington, TX 76010</b>	<b>C</b>	DATE INCURRED: <b>03/2012</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$947.00</b>
ACCT #: <b>xxx8654</b> <b>United Revenue Corp</b> <b>Attention: Office Manager</b> <b>204 Billings St. Suite 120</b> <b>Arlington, TX 76010</b>	<b>C</b>	DATE INCURRED: <b>09/2010</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$947.00</b>
ACCT #: <b>xxx8051</b> <b>United Revenue Corp</b> <b>Attention: Office Manager</b> <b>204 Billings St. Suite 120</b> <b>Arlington, TX 76010</b>	<b>C</b>	DATE INCURRED: <b>01/2013</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$947.00</b>
Sheet no. <b>21</b> of <b>22</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$4,837.00</b>
<b>Total &gt;</b> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxx11X1</b> <b>Verichек</b> <b>PO Box 3218</b> <b>Abilene, TX 79604</b>	<b>C</b>	DATE INCURRED: <b>07/2010</b> CONSIDERATION: <b>Returned Check</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>xxxxxxxxxx0002</b> <b>Verizon</b> <b>500 Technology Dr</b> <b>Ste 550</b> <b>Weldon Spring, MO 63304</b>	<b>C</b>	DATE INCURRED: <b>05/2009</b> CONSIDERATION: <b>Unknown Loan Type</b> REMARKS:				<b>\$2,699.00</b>
ACCT #: <b>7787</b> <b>WALMART</b> <b>PO BOX 530927</b> <b>ATLANTA, GA 30353-0927</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$825.19</b>
ACCT #: <b>1056</b> <b>WALMART</b> <b>PO BOX 530927</b> <b>ATLANTA, GA 30353-0927</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$3,036.00</b>
ACCT #: <b>4424</b> <b>WELLS FARGO</b> <b>601 W. UNIVERSITY</b> <b>DENTON, TX 76201</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$965.32</b>
ACCT #: <b>xxx8804</b> <b>WINDHAM PROFESSIONALS INC</b> <b>PO BOX 1048</b> <b>SALEM NH 03079-1048</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Misc Claim</b> REMARKS:				<b>\$20,419.33</b>
Sheet no. <b>22</b> of <b>22</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$27,944.84</b>
<b>Total &gt;</b> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>\$292,864.70</b>

B6G (Official Form 6G) (12/07)

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<b>Aaron's</b> 910 W. University Dr. Denton, TX 76201	Lease to Own Agreement - TV Contract to be ASSUMED

B6H (Official Form 6H) (12/07)

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**Case No. **15-40537-RFN-13**  
(if known)**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

**Fill in this information to identify your case:**

Debtor 1	<b>John</b>	<b>Stacey</b>	<b>Scholl, Sr.</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Helene</b>	<b>Marie</b>	<b>Scholl</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF TEXAS</b>			
Case number (if known)	<b>15-40537-RFN-13</b>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

**Official Form B 6I****Schedule I: Your Income****12/13**

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status****Debtor 1**

- ☐ Employed
- ☒ Not employed

**Occupation****Employer's name****Employer's address****Disabled****Disabled**

Number Street

City

State Zip Code

**Debtor 2 or non-filing spouse**

- ☐ Employed
- ☒ Not employed

**Self Employed - Cleaning Business****Self Employed - Cleaning Business**

Number Street

City

State Zip Code

How long employed there?

**18 Years****Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>2. List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	<b>\$0.00</b>	<b>\$0.00</b>
<b>3. Estimate and list monthly overtime pay.</b>	<b>+</b> <b>\$0.00</b>	<b>\$0.00</b>
<b>4. Calculate gross income.</b> Add line 2 + line 3.	<b>\$0.00</b>	<b>\$0.00</b>

Debtor 1 **John** **Stacey** **Scholl, Sr.** Case number (if known) **15-40537-RFN-13**  
 First Name Middle Name Last Name

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here .....	→ 4.	<u>\$0.00</u>	<u>\$0.00</u>
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	5a.	<u>\$0.00</u>	<u>\$0.00</u>
5b. Mandatory contributions for retirement plans	5b.	<u>\$0.00</u>	<u>\$0.00</u>
5c. Voluntary contributions for retirement plans	5c.	<u>\$0.00</u>	<u>\$0.00</u>
5d. Required repayments of retirement fund loans	5d.	<u>\$0.00</u>	<u>\$0.00</u>
5e. Insurance	5e.	<u>\$0.00</u>	<u>\$0.00</u>
5f. Domestic support obligations	5f.	<u>\$0.00</u>	<u>\$0.00</u>
5g. Union dues	5g.	<u>\$0.00</u>	<u>\$0.00</u>
5h. Other deductions. Specify: _____	5h. +	<u>\$0.00</u>	<u>\$0.00</u>
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	<u>\$0.00</u>	<u>\$0.00</u>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7.	<u>\$0.00</u>	<u>\$0.00</u>
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	<u>\$0.00</u>	<u>\$1,335.72</u>
8b. Interest and dividends	8b.	<u>\$0.00</u>	<u>\$0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	<u>\$0.00</u>	<u>\$700.00</u>
8d. Unemployment compensation	8d.	<u>\$0.00</u>	<u>\$0.00</u>
8e. Social Security	8e.	<u>\$923.00</u>	<u>\$0.00</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>Lonestar Food Card</u>	8f.	<u>\$0.00</u>	<u>\$350.00</u>
8g. Pension or retirement income	8g.	<u>\$0.00</u>	<u>\$0.00</u>
8h. Other monthly income. Specify: _____	8h. +	<u>\$0.00</u>	<u>\$0.00</u>
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	<u>\$923.00</u>	<u>\$2,385.72</u>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	<u>\$923.00</u>	<u>\$2,385.72</u>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +		<u>\$0.00</u>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.	12.		<u>\$3,308.72</u>

**Combined monthly income**

Debtor 1 **John** **Stacey** **Scholl, Sr.** Case number (if known) **15-40537-RFN-13**  
First Name Middle Name Last Name

13. Do you expect an increase or decrease within the year after you file this form?

☒ No.

☐ Yes. Explain:

None.



Debtor 1 <b>John</b>	<b>Stacey</b>	<b>Scholl, Sr.</b>	Case number (if known) <b>15-40537-RFN-13</b>
<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>	

8a. Attached Statement (Debtor 2)

**Denton Home Services**

<b>Gross Monthly Income:</b>		<u><b>\$1,651.43</b></u>
<u>Expense</u>	<u>Category</u>	<u>Amount</u>
Gasoline	Gasoline	<b>\$165.71</b>
Supplies	Office Supplies	<b>\$50.00</b>
Contract Labor	Labor	<b>\$100.00</b>
<b>Total Monthly Expenses</b>		<u><b>\$315.71</b></u>
<b>Net Monthly Income:</b>		<u><u><b>\$1,335.72</b></u></u>

**Fill in this information to identify your case:**

Debtor 1	<u>John</u>	<u>Stacey</u>	<u>Scholl, Sr.</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Helene</u>	<u>Marie</u>	<u>Scholl</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF TEXAS</u>			
Case number (if known)	<u>15-40537-RFN-13</u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: \_\_\_\_\_
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

**Schedule J: Your Expenses**

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household****1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....**Dependent's relationship to Debtor 1 or Debtor 2****Dependent's age****Does dependent live with you?**Son26☐ No  
☒ YesGranddaughter4☐ No  
☒ YesGrandson4☐ No  
☒ Yes☐ No  
☐ Yes☐ No  
☐ Yes**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☒ No
- ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

**Your expenses****4. The rental or home ownership expenses for your residence.**  
Include first mortgage payments and any rent for the ground or lot.

4. \_\_\_\_\_

**If not included in line 4:**

4a. Real estate taxes

4a. \$33.00

4b. Property, homeowner's, or renter's insurance

4b. \_\_\_\_\_

4c. Home maintenance, repair, and upkeep expenses

4c. \$100.00

4d. Homeowner's association or condominium dues

4d. \_\_\_\_\_

Debtor 1 <b>John</b>	<b>Stacey</b>	<b>Scholl, Sr.</b>	Case number (if known) <b>15-40537-RFN-13</b>
First Name	Middle Name	Last Name	

**Your expenses**

<b>5. Additional mortgage payments for your residence</b> , such as home equity loans	5.	
<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a.	<b>\$350.00</b>
6b. Water, sewer, garbage collection	6b.	<b>\$180.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<b>\$130.00</b>
6d. Other. Specify: <u><b>Cell Phone</b></u>	6d.	<b>\$118.00</b>
<b>7. Food and housekeeping supplies</b>	7.	<b>\$750.00</b>
<b>8. Childcare and children's education costs</b>	8.	
<b>9. Clothing, laundry, and dry cleaning</b>	9.	<b>\$50.00</b>
<b>10. Personal care products and services</b>	10.	<b>\$50.00</b>
<b>11. Medical and dental expenses</b>	11.	<b>\$30.00</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<b>\$275.00</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	<b>\$60.00</b>
<b>14. Charitable contributions and religious donations</b>	14.	
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	
15b. Health insurance	15b.	
15c. Vehicle insurance	15c.	<b>\$78.00</b>
15d. Other insurance. Specify: _____	15d.	
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a.	
17b. Car payments for Vehicle 2	17b.	
17c. Other. Specify: _____	17c.	
17d. Other. Specify: _____	17d.	
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).</b>	18.	
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	19.	
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a.	
20b. Real estate taxes	20b.	
20c. Property, homeowner's, or renter's insurance	20c.	
20d. Maintenance, repair, and upkeep expenses	20d.	
20e. Homeowner's association or condominium dues	20e.	

Debtor 1 **John** **Stacey** **Scholl, Sr.** Case number (if known) **15-40537-RFN-13**  
 First Name Middle Name Last Name

21. Other. Specify: \_\_\_\_\_ 21. + \_\_\_\_\_

22. **Your monthly expenses.** Add lines 4 through 21.  
 The result is your monthly expenses. 22. **\$2,204.00**

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. **\$3,308.72**

23b. Copy your monthly expenses from line 22 above. 23b. **\$2,204.00**

23c. Subtract your monthly expenses from your monthly income.  
 The result is your monthly net income. 23c. **\$1,104.72**

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

**None.**

B 6 Summary (Official Form 6 - Summary) (12/14)

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION**

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**

Case No. **15-40537-RFN-13**Chapter **13**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	<b>\$61,463.00</b>		
B - Personal Property	Yes	5	<b>\$32,367.15</b>		
C - Property Claimed as Exempt	Yes	3			
D - Creditors Holding Secured Claims	Yes	1			
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2			
F - Creditors Holding Unsecured Nonpriority Claims	Yes	23			
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	4			<b>\$3,308.72</b>
J - Current Expenditures of Individual Debtor(s)	Yes	3			<b>\$2,204.00</b>
TOTAL		<b>44</b>	<b>\$93,830.15</b>	<b>\$359,832.63</b>	

B 6 Summary (Official Form 6 - Summary) (12/14)

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION**

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**

Case No. **15-40537-RFN-13**Chapter **13**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>\$0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>\$0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>\$0.00</b>
Student Loan Obligations (from Schedule F)	<b>\$0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>\$0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$0.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	<b>\$3,308.72</b>
Average Expenses (from Schedule J, Line 22)	<b>\$2,204.00</b>
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	<b>\$1,335.72</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>\$12,581.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	<b>\$3,098.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>\$0.00</b>
4. Total from Schedule F		<b>\$292,864.70</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>\$305,445.70</b>

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **John Stacey Scholl, Sr.**  
**Helene Marie Scholl**

Case No. **15-40537-RFN-13**  
(if known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**  
**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **46** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **3/3/2015**

Signature **/s/ John Stacey Scholl, Sr.**  
**John Stacey Scholl, Sr.**

Date **3/3/2015**

Signature **/s/ Helene Marie Scholl**  
**Helene Marie Scholl**

[If joint case, both spouses must sign.]